

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: 7th November 2017

Decision Type: Non-Urgent Non-Executive Non-Key

Title: PRIMARY OPHTHALMOLOGY SERVICES UPDATE

Contact Officer: Dr Angela Bhan, Chief Officer: Bromley Clinical Commissioning Group
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Chief Officer: Dr Angela Bhan, Bromley Clinical Commissioning Group

Ward: Borough-wide

1. Reason for report

- 1.1 In 2015, London Borough of Bromley (LBB) and the Bromley Clinical Commissioning Group (CCG) commissioned an eye needs assessment to review services across the Borough. The needs assessment brought to the CCG's attention the need to improve the eye care pathways to alleviate capacity issues at the hospital trust as well as improve access to local services.
 - 1.2 The CCG took this opportunity to conduct a comprehensive review of eye care services with input from patients and providers from secondary and primary care. Together with our patients we developed the Bromley minor eye care service, which enables patients to access minor eye care services through their local optical practices provided by advanced accredited Optometrists.
 - 1.3 In October 2016 the CCG governing body approved the Bromley minor eye care service as a pilot for two years to help co-produce a final eye care pathway, which will deliver quality patient outcomes.
 - 1.4 This report is to provide an update on how Bromley CCG is working to improve capacity in eye care services and working with partners across the Sustainability & Transformation Partnership (STP) to strengthen and refine eye care services for the benefit of patients.
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2. RECOMMENDATION

- 2.1 That the update be noted.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Vulnerable adults and children benefit from access to good quality eye care services.
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Corporate Policy

1. Policy Status: Not Applicable
 2. BBB Priority: Healthy Bromley
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Financial

1. Cost of proposal: Estimated Cost: £330,000 (CCG)
 2. Ongoing costs: Not Applicable: Subject to appraisal of the service.
 3. Budget head/performance centre: CCG Planned Care
 4. Total current budget for this head: £330,000 over two years investment on a cost against volume contract with the provider
 5. Source of funding: Efficiency funding from reduction of inappropriate referrals to secondary care and early treatment.
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Personnel

1. Number of staff (current and additional): Not Applicable
 2. If from existing staff resources, number of staff hours: Not Applicable
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Legal

1. Legal Requirement: None
 2. Call-in: Not Applicable: No Executive decision.
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Procurement

1. Summary of Procurement Implications: Not Applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): To plan for the service, the CCG conducted equality, quality and privacy impact assessments. The service has been modelled using formulae from neighbouring Croydon CCG. Bromley CCG estimates that up to 3000 patients will benefit from the primary eye care enhanced scheme. This target will be achieved with a phased approach against key milestones.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors *comments*: Not Applicable

3. COMMENTARY

3.1 Case for change

3.2 The Bromley eye needs assessment carried out in 2015 noted that Bromley has an aging population and growing burden of eye disease which is linked to age. This problem is not exclusive to Bromley and across the south east London STP area other CCGs have also seen increase in demand for eye care services.

3.3 The needs assessment also found that;

- Hospital services were reaching capacity
- Current pathways were fragmented and difficult to navigate
- Urgent eye services in primary and secondary care were not integrated and both appeared to have limitations in Bromley.
- More should be done to enhance communication to reduce inappropriate referral to secondary care.

3.4 With recommendations from the jointly commissioned needs assessment, the CCG took the opportunity to invite patients and clinicians from primary and secondary care to input and develop a new pathway. After extensive patient engagement through surveys and clinical round table discussions, the new eye care model was developed.

3.5 In the survey (which had 463 responses) patients' feedback on what they saw as important was:

"No preference as long as care is of high quality, responsive and easily accessible"

"Close to home, but again, by someone qualified to see me"

"Shorter waiting times"

3.6 The commissioned eye care model

3.7 The aim of the new eye care model was to ensure that patients have equitable access to quality eye care across the borough, with an emphasis on ensuring that the right patients are seen at the right time and place and by sufficiently trained clinicians. The new service was designed around community optometrists treating more patients for minor eye conditions, leading to detection and refined referral of patients with glaucoma; and ensuring patients are referred for cataract treatment in a timely manner. The new service also gives GPs access to greater choice in onward referrals, as well as offering greater patient choice.

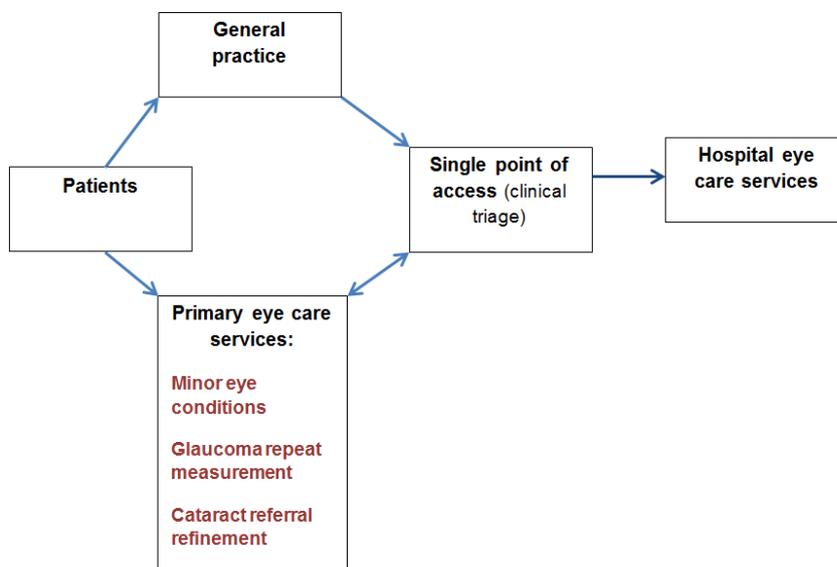
3.8 The new eye care service is also consistent with commissioning strategy of NHS England and Bromley of:

- Developing consistent and high quality services closer to home (from the Five Year Forward View)
- Improving quality and reducing variation of care
- Reducing waiting times to see a specialist
- Developing sustainable specialist services
- Changing how we work to deliver the transformation required

3.9 In October 2016 the Bromley Governing body approved a two year pilot to help develop local providers and support the pathway to deliver the desired outcomes above. The eye care

model was commissioned with considerable local GP, optometrist and ophthalmologist clinical input and took guidance from the Clinical Council for Eye Health Commissioning recommendations.

- 3.10 The pathway below illustrates the model of care for registered adult patients with a Bromley GP. Patients with minor eye conditions such as red or irritated eyes as well as suspect glaucoma and cataract patients can be seen by their advanced accredited optometrist, with appointments which are more convenient to the patient.
- 3.11 This service is an open service, where patients with concerns can access the service without requiring a GP appointment. The additional benefit to the pathway redesign has been the reduced workload on an already pressured General Practice service.
- 3.12 The CCG has also taken the opportunity to improve communication in the model of care by utilising the local information systems such as the Local Care Record and national information systems such as the E-referrals. By using these systems the service is expedient at transferring referrals and improves communication to patients allowing them to book and amend their appointments with the E-referral system. This should also reduce waste from unattended appointments.
- 3.13 Patients, who are referred by their GP or by optical practices that are not a part of the local enhanced service, have their referral sent to the eye care Single Point of Access (SPA) referral centre. Referrals are triaged clinically here to the appropriate services. Some patients will still require additional eye care services from the hospital and they are patients who will need diagnoses or advanced treatments.



- 3.14 Patients in this pathway will be clinically triaged within 48 hours and will be sent a choice of optical practices to book appointments.
- 3.15 Urgent eye care is a separate pathway and patients can be seen at eye casualty, located in Queen Mary’s Hospital.
- 3.16 **Conclusion/ Initial Results**
- 3.17 The eye care pilot started on the 1st April 2017 with the Local Optical Committee delivering the service through optical practices. There are currently 11 optical practices delivering the enhanced service across the borough with adequate provision in all of Bromley’s wards. This means that patients across the borough have equitable access geographically. With the

extended opening times of some optical practices, this means that there is service provision over the weekend and the CCG is working towards a seven day service.

- 3.18 In September 2017, 221 patients were triaged through the eye care single point of access. Of these, 58 patients (26%) were assessed and discharged without requiring referral to hospital. The CCG estimates that up to 40% of patients can be assessed and discharged without onward referral to hospital. This will help alleviate capacity issues at the local hospital trust and help meet the 18 weeks referral to treatment waiting time target (RTT).
- 3.19 To help deliver wide scale efficiencies and improve referral to treatment times in eye care services across south east London, Bromley has worked comprehensively and collaboratively with neighbouring CCGs to present one model of care across the STP area.
- 3.20 Bromley is the first CCG in England to work with NHS Digital to open E-referrals to Optical practices. This means that patient care is streamlined and patients and providers are better informed. Neighbouring CCGs are committing to the same pilot and using lessons learned in Bromley to implement E-referrals in optical practices.
- 3.21 This pilot has been commissioned for 2 years and will be reviewed in April 2018. The results of the review will determine how the CCG will commission this service in the future.

4. LEGAL IMPLICATIONS

- 4.1 Legal advice around procurements was sought through the CCG Procurement services team.

Non-Applicable Sections:	Personnel, Policy and Financial Implications and Impact on Vulnerable Adults and Children
Background Documents: (Access via Contact Officer)	

GLOSSARY OF TERMS

Care Pathway	The care and treatment a patient receives from start to finish for a particular illness or condition, usually across several parts of the health service and often including social care. A care pathway as planned for a condition is intended to ensure full seamless integration of all the necessary services.
Clinical Council for Eye Health Commissioning (CCEHC)	This was formed in response to the government's NHS reforms for a clinically-led, patient focused NHS. It brings together leading organisations from across eye health to offer united, evidence-based clinical advice and guidance, on issues where national leadership is needed, to those commissioning and delivering eye health services in England. The College currently holds joint-secretariat of the CCEHC with the Royal College of Ophthalmologists.
E- Referrals	A method of booking hospital or clinic appointments on line
Five Year Forward View	The NHS Five Year Forward View was published by NHS England in 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. It was developed with the partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement For more information visit: https://www.england.nhs.uk/ourwork/futurenhs/
Local Optical Committee	A body representing all NHS optical contractors in a defined locality.
Ophthalmologist	A medically trained doctor who examines, diagnoses and treats diseases and injuries of the eye.
Ophthalmology	The branch of medicine dealing with the diagnosis, treatment and prevention of diseases of the eye and visual system.
Optometrist	Previously known as ophthalmic opticians, optometrists are primary health care specialists trained to examine the eyes to detect defects in vision, signs of injury, disease or abnormality.
Primary Care	The services provided by GPs, NHS dentists, optometrists (opticians) and community pharmacists. This may also include other community health services. These are often a patient's first point of contact with NHS services.
Secondary Care	More specialised care, usually following a referral from a GP (primary care). This can be provided in a hospital or in a community-based service.
Sustainability & Transformation Partnership (STP)	All local health and care systems in England have formed Sustainability and Transformation Partnership with a shared plan, showing how local services will evolve and become sustainable over the next five years – ultimately delivering the national NHS Five Year Forward View vision of better health, better patient care and improved NHS efficiency. The local geographical areas responsible for the delivery of the STPs are not statutory bodies, but collective discussion forums which aim to bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations. They do not replace existing local bodies, or change local accountabilities.